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STATISTICAL BULLETIN

METROPOLITAN LIFE INSURANCE COMPANY

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Mortality Experience of the First Nine Months of 1934

HEALTH conditions among the millions of men, women and children who are Industrial policyholders of the Metropolitan Life Insurance Company have been good during the first nine months of 1934. It is true that their deathrate has been somewhat higher than last year; there has been, in fact, a rise of 3.8 per cent. It must be borne in mind, however, that 1933 was a record year for low mortality, and the small increase observed in 1934 is obviously no cause for concern. Judged by the mortality record of the general population of 86 large American cities, up to September 29th of the current year, health conditions among these millions of insured persons have been better than those in the urban population at large, where the increase was 4.6 per cent., as compared with the like part of 1933. These 86 large cities are located in 33 States, and comprise more than one-half of the total urban population of continental United States.

Insured wage-earners and their dependents in Canada have registered a lower deathrate this year than ever before; and among those living in the Pacific Coast and Mountain States the rise has been inconsequential—only 1.4 per cent. In the rest of the United States, however, where the great bulk of the Metropolitan Industrial policyholders live, an increase of 4.4 per cent. over the corresponding period of last year has been registered, as against 3.8 per cent. among all of the Company's Industrial policyholders combined.

Among the white policyholders the rise in the deathrate this year has been only 3.1 per cent.; but the increase among the colored was much greater (7.3 per cent.). It will be interesting when 1934 deathrates, by color, become available for the general population of the United States, to see whether the rise in the mortality rate of the colored race throughout the country has also been more than double the increase among the whites. These insured negroes live in the cities, and it may be that there is need for more work by relief organizations and health agencies to meet conditions among urban negroes. If the rise in their deathrate this year proves to be much greater than that for colored persons in the rural sections, it will perhaps indicate that our city ne-

groes have suffered more than other population groups from the adverse effects of unemployment.

Inspection of the table on page 3 shows that for every important cause of death, where there has been an increase, the greater rise prevailed among the negroes. Respiratory diseases are a conspicuous example; for the colored deathrate has risen 25 per cent. as against a 10 per cent. increase for the whites. Deaths from diarrheal complaints have increased 17 per cent. among the colored and only 6 per cent. among the whites; and, despite the declining birthrate among both races, the mortality from puerperal diseases has gone up 5.3 per cent. this year among insured colored women as compared with a 4.4 per cent. *drop* for white women.

Tuberculosis Deathrate Continues to Decline

Outstanding among the favorable developments of the year is the good record for tuberculosis. Both races have shared in the improvement which has been observed, without interruption, for years. For the first time in the history of the Metropolitan's Industrial Department the tuberculosis deathrate of white Industrial policyholders, for the first nine months of any year, has fallen below 50 per 100,000; and that for respiratory tuberculosis below 45. This marks a drop for tuberculosis (all forms) among white persons of nearly 12 per cent. in the brief period of two years; for insured negroes, the decline has been even greater, namely, 13.3 per cent.

Two other causes of death, namely, diphtheria and diseases incidental to the maternal state, bid fair to record lower deathrates this year than ever before. There is also an excellent prospect that the year 1934 will register a new minimal mortality rate for deaths due to homicide.

Influenza and Pneumonia

The influenza deathrate thus far in 1934 has been consistently low. Ordinarily, when there are relatively few deaths from influenza there is improvement in the pneumonia mortality rate. This year we have the unusual phenomenon of a drop of approximately 50 per cent. in deaths from influenza concurrent with an increase of nearly 15 per cent. in those from pneumonia. It is obvious that most of the fatal pneumonia cases this year have not been of influenzal origin.

Higher Crude Deathrate for Cancer

The cumulative crude deathrate for cancer was 6.1 per cent. higher than that for the like part of 1933. When it becomes possible to standardize the cancer mortality rate for 1934, in order to take into account the increasing average age of Metropolitan Industrial policyholders, we believe that a much smaller rise will be in evidence. In fact, there may have been no rise at all, as the great majority of the deaths from cancer occur in the higher age ranges. The increase has affected both white and colored policyholders, with the latter showing the larger rise.

The Degenerative Diseases

The principal degenerative diseases show, without exception, higher crude mortalities this year than last. As in the case of cancer, much of this increase may be due to the change that has occurred in the age distribution of the Industrial policyholders.

Deathrates per 100,000 Persons Exposed. First Nine Months of 1932, 1933, 1934 Compared. By Color for Principal Causes of Death. All Ages. Metropolitan Life Insurance Company, Weekly Premium-Paying Industrial Business.

Causes of Death	Deathrate per 100,000 Persons Exposed					
	White			Colored		
	Jan.-Sept. 1934*	Jan.-Sept. 1933	Jan.-Sept. 1932	Jan.-Sept. 1934*	Jan.-Sept. 1933	Jan.-Sept. 1932
Total—All Causes	814.1	789.9	785.8	1580.8	1473 9	1490.0
Typhoid fever	1.2	1.2	1.4	4.6	3.6	2.5
Measles	3.6	1.9	2.2	2.8	.7	1.1
Scarlet fever	2.9	3.0	3.2	.8	.9	1.1
Whooping cough	4.0	2.5	3.3	4.9	2.2	4.1
Diphtheria	2.0	2.2	4.0	1.0	.9	1.8
Influenza	10.2	20.6	16.4	28.7	43.2	40.1
Meningococcus meningitis	1.1	1.2	1.2	1.0	2.0	1.9
Tuberculosis (All forms)	49.4	51.6	56.0	173.7	184.8	200.4
Tuberculosis of respiratory system	43.5	46.3	49.2	151.0	164.0	178.1
Tuberculosis of the meninges, etc	2.3	2.2	2.8	6.2	5.0	5.2
Other forms of tuberculosis	3.6	3.1	4.0	16.5	15.9	17.0
Cancer (All forms)	97.1	92.0	88.5	110.1	98.9	99.9
Diabetes mellitus	24.8	23.4	22.1	29.5	27.4	25.7
Alcoholism	2.0	2.0	2.3	4.8	2.3	3.8
Cerebral hemorrhage; apoplexy	57.8	56.2	54.4	134.2	124.4	125.7
Diseases of heart†	156.4	147.8	142.6	298.9	275.4	262.8
Total respiratory diseases	73.3	66.6	68.6	152.2	122.0	134.2
Bronchitis	2.7	2.4	2.4	3.2	3.4	3.8
Bronchopneumonia	26.2	23.9	24.8	43.2	33.8	35.2
Pneumonia (lobar and undefined)	37.8	33.5	35.3	95.2	74.3	84.0
Other diseases of respiratory system	6.6	6.9	6.2	10.6	10.4	11.0
Diarrhea and enteritis	10.9	10.3	11.6	13.0	11.1	10.6
Under 2 years	8.2	7.6	8.8	6.3	4.7	4.3
2 years and over	2.7	2.7	2.8	6.7	6.4	6.3
Acute nephritis	2.6	2.5	3.0	9.8	11.5	10.8
Chronic nephritis (Bright's disease)	58.6	58.4	59.1	146.7	139.0	142.0
Puerperal state—Total	8.6	9.0	10.2	15.8	15.0	17.1
Total external causes	70.4	67.9	69.3	114.6	103.9	101.4
Suicides	10.2	10.4	11.2	7.2	8.5	7.9
Homicides	2.9	3.1	3.0	29.7	29.3	30.8
Accidents—Total	57.3	54.4	55.0	77.7	66.2	62.7
Automobile accidents	20.4	18.5	18.5	21.7	20.4	20.1
All other diseases and conditions	177.2	169.7	166.2	333.6	304.8	303.0

*The rates for 1934 are subject to slight correction, since they are based on provisional estimates of lives exposed to risk.

†Excludes pericarditis, acute endocarditis, acute myocarditis and angina pectoris.

Alcoholism

The alcoholism deathrate for the January-September period was 2.3 per 100,000, as compared with 2.0 for the same part of 1933. There has been no increase, nevertheless, in deaths from alcoholism among the white policyholders; among insured negroes, the deathrate has doubled so far this year.

Fewer Suicides and Homicides—More Accidental Deaths and Automobile Fatalities

The suicide deathrate has declined 3 per cent. and that for homicides 3.3 per cent. The mortality from accidents, on the other hand, has increased 6.8 per cent. and that for automobile fatalities 9.6 per cent. Metropolitan Industrial policyholders to the number of 2,442 lost their lives in motor vehicle accidents during the January to September period of the current year.

The table on page 3 presents the deathrates among white and colored Industrial policyholders, respectively, for the first nine months of 1934, 1933 and 1932.

The Geographic Distribution of Mortality in the United States

RIGHT in the middle of the United States, running from the Canadian border down to Texas, there is an area of exceptionally low mortality. Beginning at the top, we have the State of North Dakota with a standardized deathrate among white persons of 7.9 per 1,000, and immediately south of it the State of South Dakota with a deathrate of 7.6 per 1,000. These two states enjoy the privilege of being the only two having standardized mortalities below 8 per 1,000, in contrast with a rate of 10.0 for white persons in the entire country. But adjoining them is a group of six states which, while not doing quite so well, still have very favorable deathrates between 8 and 9 per 1,000 as follows: Nebraska, 8.3; Kansas, 8.1; Oklahoma, 8.3; Minnesota, 8.7; Iowa, 8.2, and Wisconsin, 8.96. Only 3 other states of the Union have standardized deathrates falling within this range, and these 3 states are found at the northwest corner—Washington, Oregon and Idaho.

These facts are clearly brought out by the special shading on the accompanying map. Examining this map further, we find the next range of deathrates, from 9 to 10, represented in states scattered somewhat over the map. There is California on the west coast, and then there is a group of 3 western states—Wyoming, Montana and Utah. These 4 states west of our center line are separated by the block of lowest mortality, referred to at the beginning of this article, from an eastern set of states having the same range of mortality of from 9 to 10. They comprise Michigan, Indiana, Ohio, Kentucky, Missouri, Arkansas and Mississippi. Almost, but not quite, contiguous with these is Florida. Then in the

extreme northeast we have 3 more states in this group—Vermont, New Hampshire and Connecticut—all below 10 per 1,000.

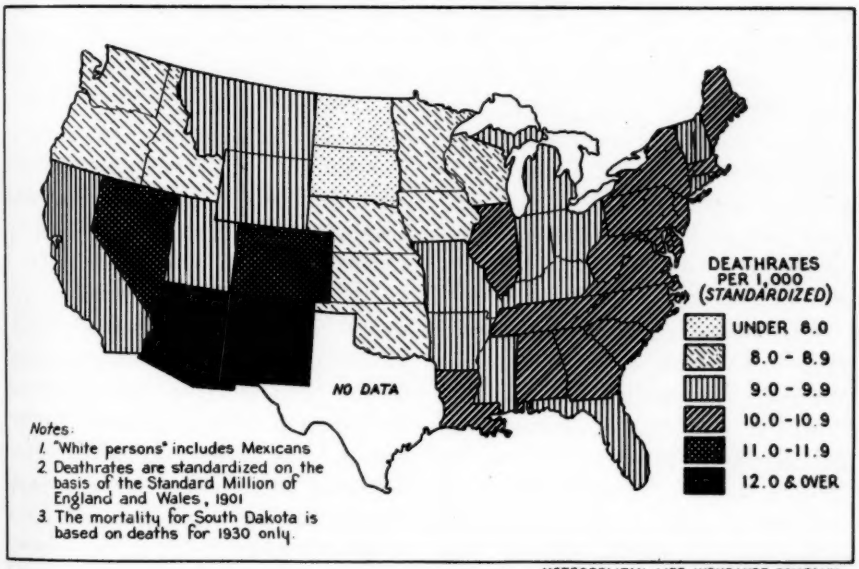
So far we have been listing states that may well be regarded as definitely favorable in their deathrate. We now pass the line separating them from those that are not so favorable. There is first a group of states with deathrates of 10 to 11 per 1,000, forming an almost contiguous block throughout the east coast and adjoining states. This includes the States of Maine, Massachusetts, Rhode Island, New York, Pennsylvania, New Jersey, Delaware, Maryland, Virginia, West Virginia, North and South Carolina, Georgia, Tennessee, Alabama, Louisiana and Illinois. There are no states with this range of deathrates west of the Mississippi River, the entire group being concentrated on the east coast and adjoining, or nearly adjoining, states.

We now come to very dark portions of the map, indicating relatively high mortalities. There are 2 states, Nevada and Colorado, with deathrates between 11 and 12; and lastly, 2 states shown in black, with the highest mortalities recorded in any state of the Union, namely, Arizona and New Mexico, with deathrates of 12 or more per 10,00. The high deathrates in these 4 are probably due in considerable part to the large proportion of Mexicans and in part to the influx of many

GEOGRAPHIC DISTRIBUTION OF MORTALITY

STANDARDIZED DEATHRATES FROM ALL CAUSES OF DEATH

White Persons in the United States, 1929-1931


DEATHRATES PER 1,000 (STANDARDIZED)
UNDER 8.0
8.0 - 8.9
9.0 - 9.9
10.0 - 10.9
11.0 - 11.9
12.0 & OVER
NO DATA
Notes:
1. "White persons" includes Mexicans
2. Deathrates are standardized on the basis of the Standard Million of England and Wales, 1901
3. The mortality for South Dakota is based on deaths for 1930 only.

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persons suffering from tuberculosis. For the State of Texas we have no reliable data for the period to which the figures here presented relate, namely, 1929-1931.

It is interesting to study this map and see the states of approximately similar mortality for the most part ranging themselves in more or less contiguous blocks; and the eye rests with satisfaction on the lightest spots right in the middle of the northern border of the map, where North and South Dakota stand out with their record low deathrates. From some of the life tables that have been published in this BULLETIN we already know that we may expect such low deathrates in the Dakotas. A favorable climate coupled with the relatively safe and comfortable life on farms and in small towns combine to keep people well in these areas.

Since it will be some time before there is a complete set of life tables available, these indications obtained from the simple use of standardized deathrates are very enlightening. It must not, of course, be supposed that the relative deathrates are determined wholly by climate. We have already noted that the 4 states with the highest deathrates owe this situation probably in considerable part to the presence of Mexicans who do not enjoy as favorable deathrates as the general white population. Then again the states on the eastern seaboard and the adjoining states are largely industrial in character, and while they are doing fairly well, they have difficulty in competing with the states in the middle west, where agricultural conditions make for a healthy way of life, aside from any advantage that may exist there in the matter of climate.

In the comparison above, deathrates standardized on the English standard million have been used. How important it is to make this allowance for variations in age distribution can be shown by a few outstanding examples. The States of Maine, New Hampshire and Vermont, when ranked according to their crude deathrate, are practically bracketed third in the list of all the states, with deathrates averaging 13.5 per 1,000. Each of these states, when its deathrate is corrected for age distribution, is very materially altered in rank. Vermont and New Hampshire in particular, with a standardized rate of 9.7 each, fall below the average for the country as a whole. It is thus clearly seen that a picture of the United States built up on the basis of crude rates, instead of the map here presented, would give a very misleading impression. The map as actually shown on page 5 undoubtedly represents the facts in their true light.

It may well be that the figures we have presented here will justify further and more intensive study to determine whether, aside from the influence of differences in modes and standards of living, certain physical factors of altitude, prevailing winds, range of temperature, precipitation, etc., play some part in determining the contours of the areas we have roughly outlined.

The Smallpox Situation in the United States and Canada

THERE was less smallpox in the United States and Canada in 1933 than ever before; and, if we may judge by the records for seven months of 1934, there will be a further drop this year. During these seven months, in an area comprising 44 States and the District of Columbia, there were fewer smallpox cases than were ever recorded during the like part of any year, and less than one-tenth the number reported only four years ago. Apparently, the long fight against this loathsome disease is nearly won.

Nevertheless, it cannot be said that the fight is *entirely* won, for there still remain individual communities and even large sections of the country where people, in considerable numbers, are disposed to disregard the danger of contracting smallpox and to ignore or belittle the efficacy of vaccination. In this connection it is significant that of 6,122 cases reported by 46 American states in 1933, fully 75 per cent. (4,589) occurred in 12 states (see table on page 9), whose population is only one-fifth of that of the entire country. Generally speaking, these states are the ones in which popular sentiment has been most opposed to compulsory vaccination.

In contrast with the record of these 12 states, it is interesting to compare the experience of 10 other states in which public acceptance of vaccination as a preventive of smallpox has been practically unanimous. In these 10 states*, the aggregate population of which is nearly half again as large as that of the 12 first mentioned, there were only 4 cases of smallpox reported in 1933. During the last three years, 1931-1933, these states reported only 809 cases all told. There are sound reasons for believing that this excellent record of the North Atlantic seaboard could be duplicated by the entire country. In continental Europe, where compulsory vaccination is generally accepted and practiced, smallpox has practically disappeared from all of the countries, excepting Russia and the Iberian Peninsula. In 1931 there was not a single case of smallpox reported in any of the following countries: Belgium, Bulgaria, Scotland, Germany, Italy, Luxembourg, Norway, Sweden, Switzerland and Yugoslavia. Only one case each was reported in the Netherlands and Latvia, 5 in Finland, 12 in Greece, 13 in Roumania and 14 in Poland. France, with a population of over 40 millions, reported only 162 cases.†

In England and Wales, on the contrary, where since 1907 "conscientious objectors" have been exempt from compliance with the vaccination laws, the incidence of smallpox has reached such proportions that in 1931 there were re-

*Delaware, District of Columbia, Florida, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island.

†Reports issued by the Health Section of the Secretariat of the League of Nations, on smallpox, in 1931.

ported 5,665 cases, or far in excess of the total number of cases reported by the whole of continental Europe, excluding Russia.

It is true that in both the United States and in England and Wales the type of smallpox now prevalent is of the mild, non-virulent type. Nevertheless, it is never possible to foretell when this mild form of smallpox will be the forerunner of the dreaded virulent type.

The following tables show the incidence of smallpox in those cities which reported an unusually large number of cases in proportion to the population during 1933. The fact that 8 of these cities reported case rates in excess of 100 per 100,000 population indicates that, despite the present low prevalence of smallpox in the general population, there is still need for constant vigilance in respect to this disease.

Smallpox Cases, Deaths, and Case Fatality Rates, Years 1931-1933, for 46 States, District of Columbia and 6 Canadian Provinces.

Area	1933			1932			1931		
	Cases	Deaths	Deaths per 100 Cases	Cases	Deaths	Deaths per 100 Cases	Cases	Deaths	Deaths per 100 Cases
United States and Canada...	6,199	36	0.58	10,619	59	0.56	28,200	94	0.33
United States (46 States and District of Columbia).....	6,122	31	0.51	10,374	42	0.40	27,568	93	0.34
Canada (6 provinces).....	77	5	6.49	245	17	6.94	632	1	.16

Selected Cities in the United States Showing High Prevalence of Smallpox in 1933.

Cities	Number of Cases	Cases per 100,000 Population	Cities	Number of Cases	Cases per 100,000 Population
Hot Springs, Ark.....	22	98	Atchison, Kan.....	6	46
Pine Bluff, Ark.....	4	19	Butte, Mont.....	4	10
Alhambra, Calif.....	7	20	Ashtabula, Ohio.....	15	64
Los Angeles, Calif.....	609	42	Chillicothe, Ohio.....	15	78
San Jose, Calif.....	87	138	Youngstown, Ohio...	27	15
Greeley, Colo.....	31	246	Portland, Ore.....	132	42
Boise, Idaho.....	52	241	Dallas, Tex.....	36	12
Belleville, Ill.....	19	64	El Paso, Tex.....	40	37
Centralia, Ill.....	45	357	Ogden, Utah.....	28	66
Waukegan, Ill.....	4	11	Aberdeen, Wash.....	12	51
Anderson, Ind.....	5	12	Everett, Wash.....	4	13
Elwood, Ind.....	26	243	Spokane, Wash.....	17	14
Muncie, Ind.....	6	13	Tacoma, Wash.....	12	11
Cedar Rapids, Iowa...	52	89	Appleton, Wis.....	4	15
Dubuque, Iowa.....	443	1,045	Kenosha, Wis.....	56	106
Mason City, Iowa.....	5	21	Stevens Point, Wis...	28	196
Waterloo, Iowa.....	14	28	Wausau, Wis.....	11	43

Smallpox Cases, Deaths, and Case Fatality Rates, for the Years 1931-1933, for 630 United States Cities and 84 Canadian Cities.

Area	1933			1932			1931		
	Cases	Deaths	Deaths per 100 Cases	Cases	Deaths	Deaths per 100 Cases	Cases	Deaths	Deaths per 100 Cases
United States and Canadian Cities (714)	2,064	18	0.87	3,196	19	0.59	6,754	16	0.24
United States Cities (630)	2,061	16	0.78	3,069	4	0.13	6,286	16	0.25
Canadian Cities (84)	3	2	66.67	127	15	11.81	468	0	0

Selected States and Canadian Provinces Showing Above-Average Prevalence of Smallpox During the Year 1933.

Area	Number of Cases	Cases per 100,000 Population	Area	Number of Cases	Cases per 100,000 Population
Total 12 States	4,589	18	Oklahoma	177	7
			Oregon	301	31
			Texas	859	14
California	1,049	17	Utah	31	6
Colorado	192	18	Washington	288	18
Idaho	346	77	Wisconsin	578	19
Iowa	719	29			
Montana	33	6	Canada		
Nevada	16	17	Saskatchewan	67	7

Mortality Record for September, 1934

Health conditions among the Metropolitan Industrial policyholders, in September, were better than the general average for this time of the year.

In the general population of the large cities of the United States, the September deathrate was 9.9 per thousand estimated population, as compared with 9.7 both for August of the current year and September, 1933. The reportable diseases which showed increased incidence during September, as compared with August, were diphtheria, scarlet fever and smallpox; those which declined in prevalence were influenza, measles, poliomyelitis and typhoid fever. Comparison with September, 1933, shows more sickness, in 1934, from measles, scarlet fever and smallpox, together with fewer cases of diphtheria, influenza, poliomyelitis and typhoid fever.

Among the noteworthy items of public health interest reported during September, the following call for special mention. The first educational program in the prevention of tuberculosis, to operate as a

Federal project and with Federal funds, has been started recently in Cleveland, according to an announcement by the Anti-tuberculosis League of that city. According to a report of the Pennsylvania State Health Department, 17,840 more deaths of infants would have occurred in Pennsylvania last year if the 1933 infant mortality rate in that State had been the same as prevailed in 1906. The Illinois State Department of Health has planned a canvass of prevailing health conditions among colored children of pre-school age. The findings will be utilized in drawing up a program to improve health conditions among the colored population. As a precautionary measure against dengue fever, 14 Alabama counties have agreed to participate in a campaign for the eradication of mosquitoes. A special committee of physicians to study all questions relating to the epidemiology and methods of conveyance of poliomyelitis and lethargic encephalitis, together with questions of susceptibility and contagion, has been appointed by the Director of Health of Philadelphia. In an effort to determine the after-effects of encephalitis, a survey was recently inaugurated in St. Louis City and County by the St. Louis Metropolitan Health Council. The United States Public Health Service has received an allotment of $1,000,000 from Federal Emergency Relief funds, for use in the promotion of rural health service in sections which have been particularly hard hit by the depression. The Kansas Federation of Women's Clubs is planning an educational campaign against cancer. A drive to immunize all Toledo children against diphtheria has been announced by the Academy of Medicine of that City. The Toledo Health Department and other organizations will cooperate.

The following table shows the mortality among Industrial policyholders for September, 1934; August, 1934, and September, 1933, together with the cumulative rates for the first nine months of each year.

METROPOLITAN LIFE INSURANCE COMPANY

Deathrates per 100,000 for Principal Causes. Weekly Premium-Paying Business in Industrial Department. All Ages (Annual Basis).*

MONTHS OF SEPTEMBER, 1934; AUGUST, 1934, AND SEPTEMBER, 1933

CAUSES OF DEATH	ANNUAL RATE PER 100,000 LIVES EXPOSED*				
	Sept. 1934	Aug. 1934	Sept. 1933	Cumulative January-September	
				1934	1933
TOTAL—ALL CAUSES	715.8	868.5	728.2	897.7	864.5
Typhoid fever	3.2	2.7	2.3	1.6	1.4
Measles	.5	.8	.4	3.5	1.8
Scarlet fever	.9	1.1	1.4	2.7	2.7
Whooping cough	3.2	5.0	2.1	4.1	2.4
Diphtheria	.9	1.6	1.6	1.8	2.1
Influenza	4.2	3.0	3.5	12.2	23.1
Tuberculosis (All forms)	53.9	61.9	59.0	62.9	66.2
Tuberculosis of respiratory system	47.1	53.8	53.3	55.2	59.1
Cancer (All forms)	88.3	104.8	91.0	98.5	92.8
Diabetes mellitus	19.9	22.2	22.0	25.3	23.8
Cerebral hemorrhage; apoplexy	49.0	62.7	50.3	66.1	63.6
Diseases of heart†	128.3	156.6	122.6	171.9	161.7
Pneumonia (All forms)	30.7	33.5	29.1	72.1	62.9
Other respiratory diseases	7.4	7.3	7.3	9.8	9.8
Diarrhea and enteritis	18.0	21.6	18.6	11.2	10.4
Chronic nephritis (Bright's disease)	52.6	65.8	57.2	68.2	67.2
Puerperal state—Total	6.4	8.2	7.5	9.4	9.6
Suicides	8.3	10.4	9.5	9.9	10.2
Homicides	6.1	6.4	5.7	5.8	6.0
Accidents—Total	53.5	82.3	60.4	59.5	55.7
Automobile accidents	20.9	24.3	25.1	20.5	18.7
All other diseases and conditions	180.5	210.6	176.6	201.0	191.3

*The rates for 1934 are subject to slight correction, since they are based on provisional estimates of lives exposed to risk.

†Excludes pericarditis, acute endocarditis, acute myocarditis and angina pectoris.

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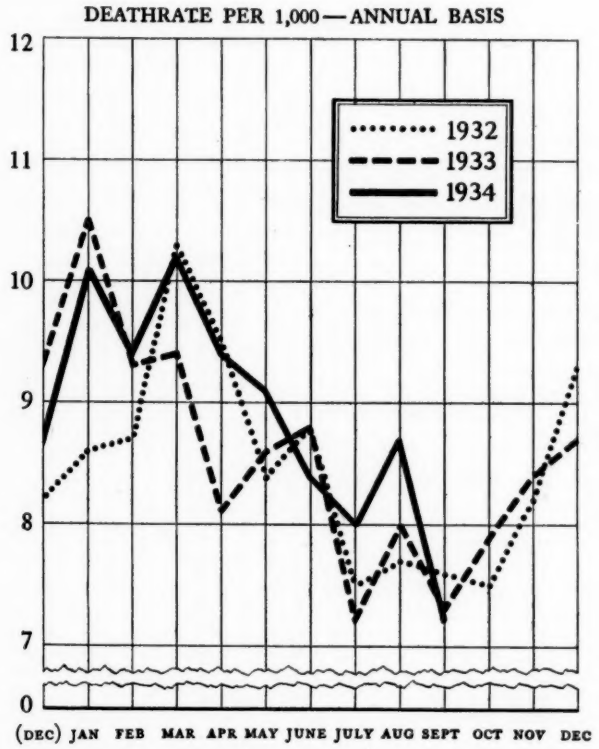
DEATHRATES FROM ALL CAUSES

in the Metropolitan Life Insurance Company
Industrial Department



1932	8.6	8.7	10.3	9.5	8.4	8.8	7.5	7.7	7.6	7.5	8.2	9.3
1933	10.5	9.3	9.4	8.1	8.6	8.8	7.2	8.0	7.3	7.9	8.4	8.7
1934*	10.1	9.4	10.2	9.4	9.1	8.4	8.0	8.7	7.2			

* *Rates for 1934 are provisional.*

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